

**SECRET**

<b>REPORTS INVENTORY</b>						CONTROL NO. <b>DDS/OF-156</b>	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.)  Overhead submissions						2. TYPE OF REPORT	
						<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input checked="" type="checkbox"/> FINANCE		ADMIN. GENERAL OTHER (specify)	
4. NO. OF COPIES PREPARED  1		5. FREQUENCY (weekly, monthly, quarterly, etc.)  500 per year				6. DISTRIBUTION (No. of components not number of copies)  1	
7. FORMAT (memorandum, form computer print-out, etc)  Memorandum		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES GIVE ADP PROCESSING NO.  Need to know			
10. PREPARING COMPONENT (include lowest level contributing information to report)  Contractors				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
<b>12. COST FACTORS</b>							
<b>A. MANUAL PREPARATION AND REVIEW COSTS</b>							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
							No cost to Agency.
<b>B. COSTS OF COMPUTER PRODUCED REPORTS</b>							
TOTAL COSTS PER YEAR						No Cost	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  Basis for negotiation of overhead rates. For contracting officer.							
<b>14. FUTURE GOALS</b>							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain)	
						MAN-HOURS	
						DOLLARS	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION
		Approved For Release 2006/11/13 : CIA-RDP75-00399R000100110090-6					